

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece.



Geno Lysykanyez, Nurse, Staton Health Care Unit
 Staton Correctional Facility
 PO Box 56
 Elmore, AL 36025

COMPLETE THIS SECTION ON DELIVERY

- A. Signature
 X Angela Thornell ☐ Agent ☐ Addressee
- B. Received by (Printed Name) Angela Thornell C. Date of Delivery 11/8/06
- address different from item 1? ☐ Yes ☒ No
 or delivery address below: ☐ Yes ☒ No

Dec 9 28
PO Box 56

3. Service Type
☒ Certified Mail ☐ Express Mail
☐ Registered ☒ Return Receipt for Merchandise
☐ Insured Mail ☐ C.O.D.
4. Restricted Delivery? (Extra Fee) ☐ Yes

2. Article Number

(Transfer from service label)

7005 1820 0002 3461 2601

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-154C

SENDER: COMPLETE THIS SECTION

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Prison Health Services, Inc.
 Staton Correctional Facility
 PO Box 56
 Elmore, AL 36025

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- A. Signature
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- B. Received by (Printed Name) Angela Thornell C. Date of Delivery 11/8/06
- very address different from item 1? ☐ Yes ☒ No
 or delivery address below: ☐ Yes ☒ No

Dec 9 28
PO Box 56

3. Service Type
☒ Certified Mail ☐ Express Mail
☐ Registered ☒ Return Receipt for Merchandise
☐ Insured Mail ☐ C.O.D.
4. Restricted Delivery? (Extra Fee) ☐ Yes

2. Article Number

(Transfer from)

7005 1820 0002 3461 2571

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SENDER: C

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1.



Dr. Cobier, Staton Health Care Unit
 Staton Correctional Facility
 PO Box 56
 Elmore, AL 36025

COMPLETE THIS SECTION ON DELIVERY

- A. Signature
 X Angela Thornell ☐ Agent ☐ Addressee
- B. Received by (Printed Name) Angela Thornell C. Date of Delivery 11/8/06
- ss different from item 1? ☐ Yes ☒ No
 livery address below: ☐ Yes ☒ No

Dec 9 28
PO Box 56

3. Service Type
☒ Certified Mail ☐ Express Mail
☐ Registered ☒ Return Receipt for Merchandise
☐ Insured Mail ☐ C.O.D.
4. Restricted Delivery? (Extra Fee) ☐ Yes

2. Article Number

(Transfer from)

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